

Designation Run Report

Boggs, Gary - Merged PComp DC 5- 27-21 430p

Boggs, Gary 01-17-2019

Defendants' Counters 00:25:02

Plaintiffs' Completeness 00:00:08

Total Time 00:25:09



VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
353:03 - 355:09	Boggs, Gary 01-17-2019 (00:02:55)	VM10a.4
353:3	Q. Mr. Boggs, good evening.	
353:4	A. Good evening.	
353:5	Q. I want to ask you briefly about your	
353:6	career before McKesson. How long did you work at	
353:7	the DEA?	
353:8	A. Probably a little over 27 years.	
353:9	Q. Okay. And why did you decide to leave	
353:10	your position at the DEA?	
353:11	A. As a special agent for the government,	
353:12	they have mandatory retirement at age 57. There	
353:13	are some exceptions that you can get a waiver,	
353:14	which I was given a waiver for one year. I worked	
353:15	for about six or so months into that waiver, and	
353:16	then I decided that I wanted to retire and spend	
353:17	more time with my grandchildren and my daughter.	
353:18	Q. And how long were you retired before you	
353:19	started to work again?	
353:20	A. I retired the end of June of 2012. I	
353:21	started doing some consulting probably around the	
353:22	summer of 2013.	
353:23	Q. And before you were at the DEA, what was	
353:24	your job before that?	
354:1	A. Before the DEA, I was a deputy sheriff	
354:2	in Orange County, Florida, for about eight and a	
354:3	half years.	
354:4	Q. What did you do before that?	
354:5	A. College student.	
354:6	Q. Mr. Boggs, I want to ask you some	
354:7	questions about diversion. What is diversion?	
354:8	A. Diversion is the act of taking	
354:9	pharmaceutical controlled substances out of the	
354:10	closed system of distribution or from legitimate	
354:11	channels, patients, and then moving them into --	
354:12	outside of that for abuse.	
354:13	Q. And at McKesson, is it your	
354:14	responsibility to prevent diversion?	
354:15	A. Well, we can certainly prevent --	
354:16	prevent -- try to prevent some of diversion. We	
354:17	certainly are not able to prevent all diversion.	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
354:18 - 354:19	Q. Well, why can't you prevent all diversion?	
354:20 - 355:5	A. Diversion can occur at different levels outside of the distribution's control. Diversion can occur at a pharmacy by an employee pilfering it. It can occur by a pharmacy being burglarized or robbed. Diversion can occur even after controlled substances have left with a legitimate patient and are sitting in a medicine cabinet of someone's home, and someone steals them out of that medicine cabinet, that's diversion. We certainly can't control that.	
355:6 - 355:8	Q. Everything you just described is a crime. Is that -- is there diversion other than crime?	
355:9	A. No, diversion --	
355:11 - 355:11	Boggs, Gary 01-17-2019 (00:00:02)	VM10a.5
355:19 - 355:22	355:11 THE WITNESS: Diversion is a crime. Boggs, Gary 01-17-2019 (00:00:07)	VM10a.6
355:19	Q. Is diversion crime?	
355:20	A. In my opinion, it is, yes.	
355:21	Q. Is it always a crime?	
355:22	A. Yes.	
356:14 - 356:22	Boggs, Gary 01-17-2019 (00:00:31)	VM10a.7
356:14	Q. And can you describe, what is a diversion trend?	
356:16 - 356:22	A. There's different types of schemes that can occur that would cause a -- what I would consider a trend. We've -- we've seen diversion trends, such as rogue internet pharmacies, be a diversion trend. It's a massive criminal scheme. We've seen pill mills in Florida. That's a diversion trend and is a criminal scheme.	
357:05 - 360:23	Boggs, Gary 01-17-2019 (00:04:35)	VM10a.8
357:5	Q. Okay. Is that -- is that a diversion trend that you're particularly focused on now?	
357:7	A. We try to focus on anything within our ability to prevent diversion, and we see some pain management clinics that are rogue. We see some specifically bad doctors. They're -- they're	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
357:11	certainly not in the same context as what we knew	
357:12	like the Florida pill mills to be, they're nothing	
357:13	like that at all.	
357:14	Q. Okay. What are diversion trends that	
357:15	are occurring -- that have been occurring since	
357:16	your time at McKesson?	
357:17	A. Well, first, they're vastly different	
357:18	than before. They're looking at the pharmacies	
357:19	where the pharmacists or their staff may not be	
357:20	exercising appropriate due diligence. That can be	
357:21	one -- one area that we look at. We certainly	
357:22	still continue security measures around our	
357:23	facility.	
357:24	Q. Well, what -- what do you do to keep	
358:1	abreast of diversion trends?	
358:2	A. I read anything on the internet that I	
358:3	can identify as diversion trends. I read the	
358:4	National Survey on Drug Use and Health. I read	
358:5	the DEA's annual report that they would put out on	
358:6	their website on drug -- the national drug trend.	
358:7	We attend conferences such as the National	
358:8	Association of Drug Diversion Investigator	
358:9	conferences, the National Association of State	
358:10	Controlled Substance Authority, associations -- we	
358:11	attend those conferences. We attend other	
358:12	conferences where DEA might be a keynote speaker	
358:13	or break- -- have presentations at breakout	
358:14	groups.	
358:15	Q. What if a doctor writes a large	
358:16	prescription, is that diversion?	
358:17	A. It can be. It may not be. The mere	
358:18	fact that it's large in and of itself doesn't mean	
358:19	that it's diversion. For the -- part of the	
358:20	opioid epidemic has been fueled by	
358:21	overprescribing. That's not illegal prescribing	
358:22	but it's overprescribing.	
358:23	Q. Can you explain what the difference --	
358:24	you just used two different terms,	
359:1	"overprescribing" and "illegal prescribing." Can	
359:2	you explain what you mean by those?	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
359:3	A. Sure. Illegal prescribing would be when	
359:4	a doctor would be complicit in a scheme that they	
359:5	know the patient doesn't need it, the patient is	
359:6	paying in cash, the doctor writes a prescription	
359:7	for a patient they've never seen before or	
359:8	examined before. The doctor meets -- meets	
359:9	someone in a parking lot and writes a prescription	
359:10	in exchange for money. Those would be illegal	
359:11	prescriptions.	
359:12	Overprescribing, on the other hand,	
359:13	might be a situation where a doctor has a	
359:14	legitimate patient, has a legitimate need for the	
359:15	drugs, but instead of writing that prescription	
359:16	for, say, 15 days, they write it for 30 days.	
359:17	It's a perfectly legitimate prescription but it's	
359:18	overprescribing. It's prescribing more than what	
359:19	that patient would need.	
359:20	Q. Can you give a -- can you give the jury	
359:21	an example of a prescription that might be	
359:22	overprescription -- that might be an	
359:23	overprescription without being diversion?	
359:24	A. Sure. You might have a patient go to a	
360:1	dentist and have a tooth -- tooth extraction, and	
360:2	the patient needs the medication for maybe a	
360:3	couple of days, but the doctor writes it for	
360:4	30 days. That's overprescribing.	
360:5	Q. So does the -- does McKesson's	
360:6	compliance program target overprescribing, as	
360:7	you've just described it?	
360:8	A. It -- it can't.	
360:9	Q. Why not?	
360:10	A. We don't see the prescription. We're	
360:11	prohibited by law under HIPAA from knowing	
360:12	anything about the patient or any consultation	
360:13	between the patient and the doctor, and we don't	
360:14	have access to prescription -- the prescription	
360:15	itself.	
360:16	Q. You were asked some questions earlier	
360:17	today about towns that received larger volumes of	
360:18	pills relative to their population. Do you	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	360:19 remember some of those questions?	
	360:20 A. I do.	
	360:21 Q. Do you know if those numbers are the	
	360:22 result of diversion or of overprescribing?	
	360:23 A. I don't.	
361:02 - 361:05	Boggs, Gary 01-17-2019 (00:00:08)	VM10a.9
	361:2 Q. If -- if you know, do you -- do you know	
	361:3 if those numbers are the result of prescribing --	
	361:4 overprescribing or diversion?	
	361:5 A. It could be a combination of both.	
361:06 - 361:11	Boggs, Gary 01-17-2019 (00:00:17)	VM10a.10
	361:6 Q. Are you able to say with any specificity	
	361:7 how much overprescribing is part of the problem	
	361:8 versus diversion?	
	361:9 A. I -- it would be my experience that a --	
	361:10 a very large percentage of opioids that are out	
	361:11 there are -- are through overprescribing.	
361:14 - 362:02	Boggs, Gary 01-17-2019 (00:00:37)	VM10a.11
	361:14 Q. While at McKesson, has your role	
	361:15 included responsibility for submitting suspicious	
	361:16 order reports?	
	361:17 A. It has.	
	361:18 Q. What is a suspicious order?	
	361:19 A. A suspicious order would be an order	
	361:20 placed by the customer that is -- has been deemed	
	361:21 as an order of unusual size, an order that	
	361:22 deviated substantially from a normal pattern or	
	361:23 frequent -- unusual frequency.	
	361:24 Q. Are you able to estimate roughly how	
	362:1 many orders McKesson gets of unusual size, pattern	
	362:2 or frequency in a given month?	
362:04 - 362:04	Boggs, Gary 01-17-2019 (00:00:01)	VM10a.12
	362:4 THE WITNESS: Probably thousands.	
362:06 - 362:09	Boggs, Gary 01-17-2019 (00:00:07)	VM10a.13
	362:6 Q. Mr. Boggs, I'll rephrase.	
	362:7 Mr. Boggs, do you know how many	
	362:8 suspicious orders McKesson reports to the DEA in a	
	362:9 typical month?	
362:11 - 365:11	Boggs, Gary 01-17-2019 (00:03:11)	VM10a.14
	362:11 THE WITNESS: Thousands.	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
362:12	BY MR. STANNER:	
362:13	Q. So does that mean that the customers who	
362:14	place those suspicious orders are suspicious	
362:15	customers?	
362:16	A. Absolutely not.	
362:17	Q. If a customer places a suspicious order,	
362:18	does that mean the order is probably for some	
362:19	illegal purpose?	
362:20	A. Without knowing more about the customer	
362:21	or more information, absolutely not.	
362:22	Q. If a customer places a suspicious order,	
362:23	does that mean that order is likely to be	
362:24	diverted?	
363:1	A. It does not.	
363:2	Q. Well, if the orders are suspicious	
363:3	orders, why doesn't that make the customers	
363:4	suspicious?	
363:5	A. I think that suspicion in this	
363:6	particular context is not the type of suspicion	
363:7	that -- in the way you and I might use the context	
363:8	of suspicious. That's the term under the	
363:9	regulation as to what it's called. But the order	
363:10	is simply identified as an order of unusual size,	
363:11	an order that deviates substantially from a normal	
363:12	pattern or unusual frequency.	
363:13	Q. So if you don't consider those orders	
363:14	suspicious in the normal -- in the lay sense of	
363:15	the term, why do you report them?	
363:16	A. Because we have a regulatory obligation	
363:17	to identify and report those orders that are	
363:18	deemed under that three criteria.	
363:19	Q. So can you give me an example of how a	
363:20	legitimate pharmacy might place an order that you	
363:21	would flag as suspicious, and yet not consider to	
363:22	be suspicious in the lay sense?	
363:23	A. You could have an order come in,	
363:24	they're -- someone didn't put the correct amount	
364:1	that they wanted. They fat fingered a number in	
364:2	there and made a -- made an error, and they're	
364:3	trying to order actually more than what they	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
364:4	really intended to. But because that order was	
364:5	placed with us, that would be deemed as an order	
364:6	of unusual size and reported as suspicious.	
364:7	You may have a situation where a	
364:8	customer has an increase in demand a particular	
364:9	month and they've run out of supply, and when they	
364:10	place an order, it exceeds their threshold, so it	
364:11	might be unusual size.	
364:12	Q. Can you -- can you give us an example of	
364:13	how a typical customer orders with McKesson for	
364:14	controlled substances?	
364:15	A. Many of them order electronically	
364:16	364:16 through CSOS, the Controlled Substances Ordering	
364:17	System. It's an electronic ordering system.	
364:18	Q. And how often do they place orders? A	
364:19	typical customer, how often does a typical	
364:20	customer place an order?	
364:21	A. They may place orders daily. They	
364:22	364:22 may -- for a particular product, say, for example,	
364:23	364:23 hydrocodone, they may order a thousand count	
364:24	364:24 bottle today, and then they don't place any orders	
365:1	365:1 for hydrocodone over the next couple of days or a	
365:2	365:2 week or so until they need to replenish their	
365:3	365:3 stock.	
365:4	365:4 Q. But would -- would that order of a	
365:5	365:5 thousand strike you as a suspicious order?	
365:6	A. Not at all.	
365:7	Q. If that customer -- you just said the	
365:8	365:8 customer might not order -- can you give me an	
365:9	365:9 example of how that customer's ordering pattern	
365:10	365:10 might play out over, say, ten days?	
365:11	A. Again --	
365:13 - 369:20	Boggs, Gary 01-17-2019 (00:04:34)	VM10a.15
365:13	THE WITNESS: -- they may not order for	
365:14	365:14 a couple of days. They may order every day. They	
365:15	365:15 may have an automatic order -- ordering system in	
365:16	365:16 place that places the order repeatedly.	
365:17	365:17 There's a variety of different ways in	
365:18	365:18 which they would -- would order, and they may not	
365:19	365:19 -- they don't all order in the same fashion.	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
365:20	BY MR. STANNER:	
365:21	Q. So if a customer orders in the way that	
365:22	you just described, is that an unusual pattern or	
365:23	frequency?	
365:24	A. It may be an unusual frequency. It	
366:1	could be, yes.	
366:2	Q. Does that give you -- so -- so what	
366:3	366:3 would you do if a customer ordered in that way?	
366:4	A. We would -- if it triggered a suspicious	
366:5	366:5 order, that order would be blocked, it would not	
366:6	366:6 be shipped, and that order would be reported to	
366:7	366:7 the DEA.	
366:8	Q. Is it possible that a customer might be	
366:9	366:9 suspicious without ever placing a, quote/unquote,	
366:10	366:10 suspicious order under the regulation?	
366:11	A. Yes.	
366:12	Q. Can you give me an example of how that	
366:13	366:13 might happen?	
366:14	A. We may see the -- a customer's -- what	
366:15	366:15 they are actually ordering may be isolated to a	
366:16	366:16 particular product or a particular strength of a	
366:17	366:17 product, and they're not ordering necessarily	
366:18	366:18 anything else, but yet the orders that they are	
366:19	366:19 placing are not unusual size, frequency or	
366:20	366:20 pattern. Something like that might be a red flag	
366:21	366:21 that would cause us to go out and look at that	
366:22	366:22 customer and determine what's going on at that	
366:23	366:23 customer.	
366:24	Q. So if you were to find a customer that	
367:1	367:1 was suspicious but had no history of suspicious	
367:2	367:2 orders, what would you do?	
367:3	A. We would -- depending upon the facts and	
367:4	367:4 circumstances, we might do an onsite visit and	
367:5	367:5 talk to the owner or the pharmacist in charge	
367:6	367:6 there. We might get updated dispensing data from	
367:7	367:7 the pharmacy on what they're actually dispensing	
367:8	367:8 in total and review that from -- from the customer	
367:9	367:9 to see if there's anything else that we need to be	
367:10	367:10 concerned about, make some additional inquiries of	
367:11	367:11 the customer as to what -- what's going on at	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
367:12	their facility.	
367:13	Q. Would you -- would you consider	
367:14	terminating a customer that had never placed a	
367:15	suspicious order?	
367:16	A. Many of the customers that we have	
367:17	terminated may or may not have -- the reason for	
367:18	the termination would not necessarily be that they	
367:19	had or hadn't placed a suspicious order.	
367:20	Q. In your position, do you ever review	
367:21	reports of suspicious orders?	
367:22	A. I receive them on a regular basis, and	
367:23	from time to time during the week, I will -- I	
367:24	will look at those reports, yes.	
368:1	Q. Why do you look at the reports?	
368:2	A. To see if there's anything in there that	
368:3	I should be concerned about, or if there's	
368:4	anything -- if a customer ordered an extremely	
368:5	large volume of something that would have been	
368:6	a -- not a typical order, I would be able to see	
368:7	that, and maybe decide that someone from our team	
368:8	needed to do some additional due diligence.	
368:9	Q. How often do you look at a suspicious	
368:10	order report and make a determination that	
368:11	something -- some additional diligence is	
368:12	warranted?	
368:13	A. I look at them probably every day, every	
368:14	other day. I mean, I look at them very	
368:15	frequently, but rarely do I find anything that --	
368:16	of concern in those.	
368:17	Q. Does that mean that you rarely have	
368:18	concerns about your customers, or -- is that what	
368:19	you're saying, you rarely have concerns about your	
368:20	customers?	
368:21	A. No, it means that rarely do I find any	
368:22	of those orders to be concerning. We do other due	
368:23	diligence of our customers that that due	
368:24	diligence -- because we're looking and knowing our	
369:1	customer and conducting the due diligence of our	
369:2	customer, that we find additional red flags that	
369:3	are not borne out in a suspicious order report.	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	369:4 Q. So -- so is the suspicious order report 369:5 that you get every day, do you consider that a 369:6 useful tool for detecting potential diversion? 369:7 A. I do not. 369:8 Q. What other tools do you consider useful 369:9 in detecting diversion? 369:10 A. The tools that we use are things like we 369:11 get detailed questionnaires completed by the 369:12 customer that might -- depending upon their 369:13 responses to the questions in there, may be of a 369:14 concern and help us identify something. Asking 369:15 the customer to provide dispensing data to us, and 369:16 we look at that dispensing data, and that would 369:17 provide some additional information. Looking at 369:18 purchase history of that customer. Looking on the 369:19 Board of Pharmacy website for sanctions for that 369:20 customer provides us useful information.	
375:02 - 376:04	Boggs, Gary 01-17-2019 (00:01:18)	VM10a.16
	375:2 Q. So if -- if this report is -- does not 375:3 trigger diligence of these customers, what does 375:4 trigger diligence of these customers? 375:5 A. What triggers diligence within McKesson 375:6 in our Controlled Substance Monitoring Program, it 375:7 starts with determining whether or not McKesson -- 375:8 a prospective new customer, whether or not we feel 375:9 comfortable enough with that new customer's 375:10 business model and their due diligence themselves 375:11 and their corresponding responsibility, whether or 375:12 not we will initially ship to them in the first 375:13 place. And that doesn't always happen. Some we 375:14 deny onboarding them as a customer for controlled 375:15 substances. 375:16 The other things that may come up is if 375:17 a customer asked for a threshold change request to 375:18 increase their base codes for a particular 375:19 product, under our program, not only do we 375:20 evaluate the merits of the inquiries, but we take 375:21 that opportunity to refresh our due diligence of 375:22 the customer each and every time. 375:23 We also have situations such as what we	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	375:24 call an event trigger. If we receive a subpoena 376:1 from a government agency or an inquiry from a 376:2 government agency, that would trigger another 376:3 due -- that would trigger a due diligence review 376:4 of that customer.	
377:13 - 377:18	Boggs, Gary 01-17-2019 (00:00:14) 377:13 Q. Okay. So you were asked a number of 377:14 questions earlier -- well, let me just ask, 377:15 Mr. Boggs, are you aware that for some period of 377:16 time McKesson stopped making automated suspicious 377:17 order reports like this one to the Drug 377:18 Enforcement Administration?	VM10a.17
377:23 - 379:15	Boggs, Gary 01-17-2019 (00:01:36) 377:23 THE WITNESS: Well, since my time at 377:24 McKesson, I know that they did not make some 378:1 reports at that -- during periods of time. 378:2 BY MR. STANNER: 378:3 Q. And do you believe that the failure to 378:4 report contributed to the opioid crisis? 378:5 A. I don't, because the order may very well 378:6 have been blocked and not shipped. It doesn't 378:7 mean it was reported or not reported, but the 378:8 order may have been blocked, and McKesson was 378:9 blocking orders for quite some time. 378:10 Q. Okay. How long have you been at 378:11 McKesson now, Mr. Boggs? 378:12 A. A little over five years. 378:13 Q. Have you seen anything in your time at 378:14 McKesson to make you think that McKesson is 378:15 responsible for the opioid crisis? 378:16 A. I have not. 378:17 Q. Do you think that McKesson takes its -- 378:18 its obligations -- its regulatory obligations 378:19 seriously? 378:20 A. I do. In fact, if I didn't think they 378:21 did, I wouldn't work for them. 378:22 Q. Well, when you went to work for them, 378:23 did you have -- was it -- was it your impression 378:24 that they took the regulatory obligations 379:1 seriously then?	VM10a.18

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	379:2 A. It was my understanding that they -- I 379:3 mean they hired me. That was an example that they 379:4 were taking their regulatory obligations 379:5 seriously. People that I had talked to during the 379:6 consulting periods of time, I was -- the 379:7 impression I had was that McKesson took the 379:8 regulatory obligations seriously.	
	379:9 Q. When you say the people that you -- took 379:10 their regulatory obligations seriously, who -- who 379:11 do you have in mind? Did you -- did you ever 379:12 meet, for example, Don Walker?	
	379:13 A. I did.	
	379:14 Q. What were your impressions of Don 379:15 Walker?	
379:17 - 380:16	Boggs, Gary 01-17-2019 (00:01:07)	VM10a.19
	379:17 THE WITNESS: That he was attempting to 379:18 do the right thing and he took his regulatory 379:19 obligations seriously. He hired me for 379:20 consulting, and then ultimately hired me in the 379:21 role that I'm in now.	
	379:22 BY MR. STANNER:	
	379:23 Q. Have you ever seen anything in your time 379:24 at McKesson that makes you think that McKesson 380:1 would prioritize profits over following the law?	
	380:2 A. I have not.	
	380:3 Q. In your time at McKesson, have you ever 380:4 suggested terminating a customer and had the 380:5 company push back on that?	
	380:6 A. I have not. They -- I have unilateral 380:7 authority to terminate a customer regardless of 380:8 any financial gain or loss to the company or 380:9 financial gain or loss to the -- to the customer.	
	380:10 And since I've been at McKesson, our program has 380:11 probably stopped shipping to 250-some-odd 380:12 customers.	
	380:13 Q. You -- you were asked some questions 380:14 earlier about McKesson's algorithm. How long did 380:15 it take to develop McKesson's current algorithm 380:16 for thresholds?	
380:19 - 381:11	Boggs, Gary 01-17-2019 (00:00:52)	VM10a.20

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	380:19 THE WITNESS: It's taken years. 380:20 BY MR. STANNER: 380:21 Q. Can you be more specific? 380:22 A. We've -- I believe it was probably 380:23 sometime in either late 2014 or early 2015, or 380:24 whatever, when we engaged the Analysis Group, an 381:1 outside third party, to come in and conduct a 381:2 review of the data. We met with them numerous 381:3 times. Continue to meet with them. We 381:4 established some initial algorithms, recognized 381:5 that there needed to be some modifications, 381:6 continued to tweak and adjust those modifications. 381:7 And we are still in -- looking at that for 381:8 different segments within the company. It's taken 381:9 years. 381:10 Q. Why -- why does it take years to develop 381:11 an algorithm like that?	
381:14 - 383:04	Boggs, Gary 01-17-2019 (00:01:56)	VM10a.21
	381:14 Q. Mr. Boggs, did you personally -- were 381:15 you personally involved in working with the team 381:16 to build the algorithm? 381:17 A. I was. 381:18 Q. Okay. Why did it take years to develop? 381:19 A. Even though you can have statistically 381:20 sound or recognized within the mathematical 381:21 community of sound, acceptable practice of 381:22 methodologies, those methodologies are not one 381:23 size fits all. You have various different markets 381:24 or different customers. You have hospitals, you 382:1 have practitioners, you have long-term care 382:2 facilities, you have -- all of those are very 382:3 different from one another. And so when you try 382:4 to establish that and come up with a methodology 382:5 or threshold algorithms, it's very challenging. 382:6 It's also -- we see differences around 382:7 the United States, different -- different 382:8 prescribing patterns by the doctors in and around 382:9 the States, so it's -- it's very difficult to do. 382:10 Q. So, I want you to just focus 382:11 specifically on retail pharmacies, not -- not	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	382:12 necessarily hospitals. I take your point. Not 382:13 necessarily hospitals. 382:14 Focusing just on pharmacies, why not 382:15 just set a threshold of 8,000 or 20,000 or 50,000? 382:16 A. Because there's various -- different 382:17 businesses require different quantities to meet 382:18 their legitimate patients. You have some 382:19 customers also that are part of a buying group, 382:20 and they self-warehouse, and so they might 382:21 purchase certain products through their 382:22 self-warehouse, but then they purchase some from 382:23 McKesson. 382:24 Some customers obviously are sound 383:1 business folks. They shop around. They purchase 383:2 some stuff from one distributor; they purchase 383:3 some stuff from another distributor. 383:4 So those are just some examples.	
384:22 - 385:21	Boggs, Gary 01-17-2019 (00:01:02)	VM10a.22
	384:22 Q. Do you conduct site visits as part of 384:23 your diligence program? 384:24 A. That is part of our due diligence 385:1 program, yes. 385:2 Q. Is it an important part of the program? 385:3 A. It's -- it's a component of it. It -- 385:4 it can be important, but it's a -- it's a 385:5 component of the program. 385:6 Q. Would you say it's the most important 385:7 component in your diligence program? 385:8 A. No. 385:9 Q. Why not? 385:10 A. We can identify red flags sometimes 385:11 through statistical analysis or we can ask the 385:12 customer to provide us dispensing data. Our 385:13 review may find that there is a board sanction 385:14 from the Board of Pharmacy that we can do online. 385:15 We don't need to do a site visit to -- to obtain 385:16 that. In fact, a site visit we wouldn't be able 385:17 to get that. 385:18 We may find something on the internet 385:19 that -- that would cause us concern. There's	

VM10a-Boggs, Gary - Merged PComp DC 5-27-21 430p

Page/Line	Source	ID
	385:20 other ways and tools in which we use to exercise 385:21 our due diligence.	

Defendants' Counters = 00:25:02

Plaintiffs' Completeness = 00:00:08

Total Time = 00:25:09